

# THE HARRISBURG AUTHORITY

## FIRE SERVICE APPLICATION

ACCOUNT NAME: \_\_\_\_\_  
ACCOUNT ADDRESS: \_\_\_\_\_  
MAILING ADDRESS(IF DIFFERENT FROM ACCOUNT ADDRESS) \_\_\_\_\_  
\_\_\_\_\_  
PROPERTY OWNER: \_\_\_\_\_  
PROPERTY AGENT: \_\_\_\_\_  
PROPERTY TENANT: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_  
TYPE OF ACCOUNT: \_\_\_\_\_ RESIDENTIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ INDUSTRIAL  
\_\_\_\_\_ OTHER (SPECIFY): \_\_\_\_\_  
PROPERTY NUMBER: \_\_\_\_\_ BUILDING PERMIT  
NO.: \_\_\_\_\_  
SERVICE LINE SIZE: \_\_\_\_\_ EST. MAX DAILY  
CONSUMPTION: \_\_\_\_\_  
DATE SERVICE REQUIRED: \_\_\_\_\_  
NEW CONSTRUCTION: \_\_\_\_\_ YES \_\_\_\_\_ NO  
OWNERSHIP TRANSFER: \_\_\_\_\_ YES \_\_\_\_\_ NO

*By signing this Application, the applicant agrees to abide by The Rules and Regulations of The Harrisburg Authority, in particular the provisions governing the terms and conditions of the furnishing of private fire protection service. In addition, the applicant agrees to submit a new application for approval prior to making any changes, alterations, additions or deletions to the fire protection system covered by this application.*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

FOUR (4) SETS OF DETAILED PLANS MUST ACCOMPANY THIS APPLICATION FOR REVIEW BY THE FOLLOWING CITY AGENCIES: WATER, CODES, ENGINEERING AND FIRE DEPARTMENT. FAILURE TO DO SO WILL RESULT IN THE REJECTION OF THE APPLICATION..

## FIRE/WATER BUREAU USE ONLY

INSPECTION DATE: _____	INSPECTOR: _____
MAIN SIZE: _____ METER SIZE: _____	METER NUMBER: _____
TAP SIZE: _____ METER MAKE: _____	METER READING: _____
TYPE (MATERIAL) OF SERVICE: _____	
LOCATION OF SERVICE: _____	
CURB BOX TO GRADE: _____ YES _____ NO	
CURB BOX ACCESSIBLE: _____ YES _____ NO	
VALVE ON CURB SIDE OF METER: _____ YES _____ NO	TYPE: _____
BACKFLOW PREVENTION INSTALLED: _____ YES _____ NO	

PLEASE COMPLETE AND RETURN TO:  
DR. ROBERT E. YOUNG WATER SERVICES CENTER  
100 PINE DRIVE  
HARRISBURG, PA 17103

